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Journal of Aggression, Conflict and Peace Research

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Journal:	*Journal of Aggression, Conflict and Peace Research*
Manuscript ID	JACPR-07-2017-0308.R1
Manuscript Type:	Brief Review
Keywords:	Male rape, Sexual assault, Survivors, Service provision, Voluntary sector, Victimology

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Purpose

The purpose of this article was to provide a concise, selective review of the current status of service provision for male survivors of sexual assault in the UK.

Design/Methodological Approach

This article explored to what extent services are equipped up support the specific and complex needs of the male survivor and highlighted key implications for research, policy and practice.

Findings

The review outlined the historical backdrop to how and why services for male survivors have been consistently lacking, the current status of UK service provision is reported, and suggestions for continued research in this developing area are made.

Originality/value

Despite a flurry of research in this area in recent years, UK service provision for male sexual assault survivors is inconsistent across locale. The value of the current article is that it provides an outline of relevant work to date, and provides important suggestions for future directions.

KEY WORDS: MALE RAPE; SEXUAL ASSAULT; SURVIVORS; VICTIMIZATION;

SERVICE PROVISION; VOLUNTARY SECTOR

Male Sexual Assault Survivors: Lessons for UK Services

In recent years a flurry of research has detailed the scope and consequences of sexual victimization on male survivors (see e.g., Lowe & Balfour, 2015; Lowe & Rogers, 2017 for recent reviews). There has been an ongoing concern amongst researchers and practitioners within this field regarding the lack of adequate service provision for male survivors of sexual assault, and community-based or voluntary sector of service provision for male survivors has come under recent scrutiny by UK researchers (see e.g., Javaid, 2016a,b, Javaid, 2017a,b; Lowe & Balfour, 2015).

This article explores via a concise and selective narrative review to what extent services are equipped to support the specific and complex needs of the male survivor of sexual assault. First, this paper outlines the historical backdrop to how and why services for male survivors have been consistently lacking. Second, the scope and consequences of male sexual victimization are detailed, to highlight the need for adequate and improved service provision. Thirdly the current status of UK service provision for male rape survivors is reported and suggestions for continued research in this developing area of work are made based on the framework outlined by the Scottish Executive in 2005.

Only research on sexualized assaults conducted in community settings are included with studies that concern institutionalized sexual offences and wartime rape are excluded due to space limitations. Although this article is focused upon service provision for male survivors in the UK, research from other nations has been reviewed and included where points raised there are relevant and applicable to UK-based issues. The term 'male survivor' is a generic one, and for the purposes of this review covers all males abused

across the lifespan.

Lessons from the Feminist History of Sexual Violence Research

Since the 1970s feminist researchers have conceptualized sexual violence as a social problem that stems from the power that men have over women within a rape-supportive patriarchal society (e.g., Brownmiller, 1975). It is as a result of this feminist conceptualization the formation of service provision with the voluntary sector today is firmly embedded within feminist ideology (Javaid, 2017a, b). As a consequence many support services have been developed for women coming to terms with the negative effects of sexual victimization whilst equivalent services for men ignored (Davies, 2002).

Although feminists today generally act as advocates for gender equality and acknowledge the plight of male as well as female survivors of sexual violence (Javaid, 2017a), the traditional framing of sexual violence only as a women's issue and female sexual victimization as key to the feminist movement has distanced male survivors from the research spotlight (Cohen, 2014; Davies, 2002; Javaid, 2016a,b; Javaid, 2017; Lowe & Balfour, 2015; Lowe & Rogers, 2017; Turchik & Edwards, 2012). Indeed, Javaid (2017a) noted that many voluntary agency practitioners are feminists with the political and practical agendas underpinning those services being ultimately women-centred. Furthermore, Javaid (2017b) asserted that although some support provision is available for male survivors in the UK, there are cultural, religious, social, and emotive issues that constrain many men from seeking help. Such constraints, at least in part, stem from gendered beliefs and myths about men as legitimate victims of sexual crime (Turchik & Edwards, 2012).

Researchers and practitioners working with male survivors of sexual assault have

voiced concerns that the woman-focused agenda of sexual violence service providers has left male survivors with few places to receive support and assistance for their complex needs in coming to terms with their victimization (see e.g., Davies, 2002; Temkin & Krahe, 2008; Walker, Archer & Davies, 2005a). To illustrate this point from a historical perspective, an interview study conducted by Donnelly and Kenyon (1996) of 30 US rape crisis centers found that nine services would willing and had provided help to male survivors. Ten centers said in theory that they would be willing but had never needed to provide help, and 11 said that they would not provide services to men. The majority of workers across the study said that male rape was not a problem because they never saw male clients (though a few did acknowledge that this might be because they were unresponsive to men). Disturbingly, some workers appeared openly negative towards male survivors. One stated blatantly, ‘‘Honey, we don’t do men ...Men can’t be raped.’’ Another said, ‘‘Most males that are fondled or sodomized are males that want to be sodomized”. ~~The ignorance in the attitudes of these individuals is, as it was then, astonishing.~~

More recent work still argues that some services within the voluntary sector are guided by feminist ideology and not responsive to the needs of male survivors (Cohen, 2014). Pitfield (2013) detailed the instance of one male survivor who was suicidal on the day he sought support from a feminist-based rape crisis service. They refused to help him because their service was for women only. Pitfield noted that the terrible experience this man faced from the service invalidated both his sense of suicidal ideation and his identity as a rape survivor. Given that Walker, Archer and Davies (2005b) found, in a UK sample of 40 male rape survivors, that the only stable predictor of suicide attempts was adequate post-rape psychological care, one has to question the politics behind decisions made not to assist

male survivors and to instate another plea for better care for men.

The Scope and Consequences of Male Sexual Victimization

A report published by the UK's Home Office, Ministry of Justice, and Office for National Statistics (Ministry of Justice, 2013) estimated between 430,000 and 517,000 adult sexual offence victims every year, of which an estimated 54,000 to 90,000 were men. Whilst there has been increased media interest in the topic of sexual victimization against men it remains the case that *reported* sexual crimes still only scratch the surface of *actual* offence rates, because some survivors never disclose their assault to anyone, nor receiving adequate support in the longer-term (Abdullah-Khan, 2008; Lowe & Balfour, 2015; Javaid, 2016b). Indeed, the gross under-reporting of sexual offences generally but against men in particular has caused several writers to suggest there is a "justice gap" in sexual victimization statistics (Kolivas & Gross, 2007; Temkim & Krahé, 2008).

The long term consequences of sexual victimization can be devastating for men. A wide and complex array of long-term negative effects on psychological functioning (e.g., anxiety, depression, post-traumatic stress disorder, anger, hostility, generalized vulnerability, stigma, shame, guilt, embarrassment and self-blaming); behavior (e.g., self-harming, substance abuse, and employment problems); the ability to maintain close personal relationships (e.g., intimacy, trust and attachment difficulties, emotional withdrawal, parenting problems, sexual dysfunction and/or heightened promiscuity); and general self-image (e.g. low self-esteem, perceived changes to one's gender identity, sexual orientation and/or sense of masculinity) (e.g., Bullock & Beckson, 2011; Coxell & King, 2010; Peterson et al, 2011; Tewksbury, 2007; Vearnals & Campbell, 2001; Walker et al., 2005a; b). The term "complex trauma" is now frequently used to encompass the wide range

of symptoms not covered by the PTSD diagnosis alone, with the former described as both cumulative and underlying a range of post-assault symptomatology (see Wall & Quadrada, 2014 for a detailed discussion).

Societal expectations about male gender role and the concept of male (hetero)sexuality impacts significantly on men's understanding of their own sexual victimization (Davies, Walker, Archer & Pollard, 2010; Javaid, 2016b; Lowe & Balfour, 2015). As a consequence many male survivors start to question their gender and/or sexual identity following sexual assault (e.g., Davies et al, 2010; Walker et al, 2005a) and many men will blame themselves first for not stopping the attack and then for struggling with its aftermath often under the misguided assumption that as men they should be able to cope with such adversity. The sense of not living up to the masculine ideal of being "tough enough" to protect oneself, and the fear of ridicule or blame that ensues, leaves men who have been sexually assaulted less likely to seek help from others (Javaid, 2016b; Lowe & Balfour, 2015; Lowe & Rogers, 2017).

One issue that seems especially problematic for male survivors is internalized homophobia. Men who are sexually attracted to the male gender sometimes feel rape is a punishment for being homosexual (Davies et al, 2010; Walker et al, 2005a). Such internalised homophobia' may cause some gay men previously comfortable with their homosexuality to become distressed following sexual victimization because they (erroneously) believe their sexuality somehow caused the assault against them. This is likely to be equally, if not more, distressing for gay and bisexual men who have yet to come to terms with their sexual orientation (Davies, 2002; Davies & Rutland, 2007). As already highlighted, a loss of masculine identity and/or change in one's subjective sexual

orientation can lead to a range of long-term psycho-sexual and relationship difficulties (e.g., Walker et al., 2005a).

Internalised homophobia, shame and self-blame following sexual assault can be compounded by victim blaming attitudes, disbelief, or being made to feel guilty for the assault (collectively known as secondary victimization; e.g., Doherty & Anderson, 1998) and homophobic reactions of those to whom the survivor discloses. Many men find it especially difficult to seek appropriate post-assault support such as counselling, psychotherapy or psychiatric care. This may be because they lack the willingness to approach service providers, because services were not deemed appropriate for their needs as men, or because services were unavailable altogether (Walker et al., 2005a; b). Although 58 per cent of men in Walker et al.'s research sought some form of psychological intervention, most of them had taken several years to do so. With psychological intervention a key factor in preventing serious mental health consequences (e.g., suicide attempts; Walker et al., 2005b), the need for men to be offered appropriate support after sexual victimization is vital.

Lessons for the Voluntary Sector: Where Do Service Providers Go from Here?

The last decade has seen an increase in the number and range of support services available for survivors of sexual crime in the UK, and the collective voice of male survivors has started to be heard albeit slowly (Lowe & Balfour, 2015). Notable here within the UK is the developed enhancement of Sexual Assault Referral Centers (SARCs) and Sexual Assault Referral Networks (SARNs) which nationally cater for survivors of sexual crime regardless of their demographics and whether or not they have formally reported the crime to the police. Their multi-functionality, in their ability to collect forensic

evidence, offer counselling services and provided the needed link between the police and voluntary sector organizations within the survivor's geographic area. Still, SARCs are not fully meeting the needs for all survivors, with individuals who wish to access such services having to travel many miles to do so. Those survivors, both male and female, whose first language is not English and who come from ethnic minority backgrounds are particularly unlikely to seek support from such a service (Javaid, 2017a).

However, both the quantity and quality of service provision remains inconsistent across locale within the UK with clear nationwide policies on how to treat male survivors of sexual victimization still absent. UK-based services have, for the most part have failed to address the complex needs of male sexual assault survivors which are, by definition, varied, multifaceted and specialist (Warwick, 2005). Indeed, some survivors spend many years, not to mention thousands of pounds, undergoing intensive psychotherapy to work on issues relating to the complex trauma associated with sexual assault without ever reaching satisfactory resolution (Kelly & Bird, 2014; see also Lowe and Balfour, 2015 for further discussion). With appropriate psychological intervention being the difference between life and death in some cases (Walker et al, 2005b), it cannot be stressed enough how much this situation needs to be addressed.

Research dating back more than a decade asked male survivors what types of support they would like to see made available to male survivors in the UK. Davies (2004) analysed qualitative data from the sample of 40 UK male rape survivors who were asked to give, in writing, any advice they could offer police and therapists about male rape. The most common responses were first that men should be afforded the same type of psychological support that is offered to women (e.g. being listened to and believed by the professionals to

whom they disclose) and second, that formal support services should publicize the notion that men can also become victims of rape. Respondents listed services such as male rape crisis centres, 24-hour helplines, specially trained police officers, easier access to available therapies and the expansion of male rape support groups to all major towns. Worryingly, in this study, a sizeable proportion of respondents commented on the homophobic views held by many rape support professions, similar to those views given by US rape support provides in Donnelly and Kenyon's (1996) study.

A report produced by Survivors West Yorkshire (2006) entitled *"A View from Inside the Box"* highlighted the acute lack of resources a decade ago; it is a key issue that remains today, and despite the recent increase in appropriate welfare provision the number of male survivors approaching specialist UK services each year remains small, with lack of available therapists so that survivors have a personal choice of from whom they are supported (Javaid, 2017a). Key issues that Javaid highlighted were on improving care, providing appropriate listening services that have adequate funding to provide survivors with choices of how and when they access help and support. Whilst some survivors need long-term psychological and psychiatric interventions, others do not require mental or physical health services, and just need their traumatic experiences to be heard and validated (Kelly & Bird, 2014). Improved service provision for a wider range of survivors does not require the invention of a host of new services; rather to equip existing services with resources to best serve a wider number. As such, more practical work is needed to increase the spread of best practice across all relevant agencies. There is a continued need to co-ordinate services effectively, which requires commitment from service planners and commissioners, not currently done to best effect.

Although the impact of sexual abuse appears to be finally appearing on the agenda of policy makers in England and Wales, it is Scotland that lays out best examples of good practice for male survivor support. Following the establishment of the Cross Party Group for Survivors of Childhood Sexual Abuse in 2001 (Survivors West Yorkshire, 2006), the development of a national strategic response to sexual abuse was undertaken. In 2005, the Scottish Executive set out a broad list of guidelines for future action, which is worthy of discussion in the current article. It is a shame that in the twelve years since its publication and the writing of the current paper, this list has not been consistently actioned across the UK despite its clear usefulness in guiding research, practice and policy objectives. The remainder of this article updates that list of guidelines outlined by the Scottish Executive and suggests further action points, taking into account newer research and service user involvement in decision-making, before ending with some concluding remarks.

Better Recognition

The emphasis in primary mental health practices is on treating symptoms and minimizing behavioral harm, rather than investigating the underlying causes can delay diagnosis and effective treatment protocols. Better recognition of the causal pathways from the abuse situation to presenting symptomologies and troubled behavior is badly needed, and systems in place at the earliest opportunity. This needs to include further recognition of the different needs of male and female survivors and the further development of gender-specific resources for male survivors (Scottish Executive, 2005). Although both genders can equally experience a range of psychological dysfunction, post-traumatic stress disorder and the effects of complex trauma after sexual abuse, differences in socialization patterns, societal expectations and so on can influences the ways that men and women cope

(Davies, 2002). In terms of provision for male survivors, it is now emerging, based on literature on masculine gender role strain, and traditional male socialization patterns, that unique treatments for men are needed (Javaid, 2017a, b)

Better Self-Help Services, Education and Research

The Scottish Executive (2005) emphasized the need for development of self-help tools to form wider educational and awareness-raising. This need not be a wealth of newly-generated material; rather the co-ordination of existing resources, to assist educators with prevention and protection strategies for children, as well as sign-posting for survivor-related services. Beyond this, greater priority in social justice research funding initiatives needs to be given to survivor-researcher-and service collaborations to offer knowledge and ideas for best practice that can be shared throughout the UK and far beyond. Further partnerships between local services are needed also, to increase efficiencies and to enable education from one service to another. If integrated services are to become the norm, greater education and training is needed for primary service providers, such as GPs as these are a crucial first point of contact for many survivors in crisis, as disbelief or negative experience during this first contact with service can severely set back or even stop further engagement. Again, this need not be a new set of systems; rather adaptations or broadening of existing forums to include sexual abuse. Whilst adequate funding is needed to facilitate all of these ventures, investment need not been in new systems; rather improved functioning of existing ones, with more specialist and educated resources being offered at the earliest opportunity to provide the most successful care and support in the long term, rather than short term reacting to symptoms and behaviors.

Greater funding for existing services and more local services is needed to ensure that current services stay open, and able to provide flexible services when needed, not with frustratingly long waiting-lists, that can create it division between survivors who can pay for their own private therapy and those that cannot. We must not forget that not all survivors are able to drive cars, or access public transport, to easily access services that might be in existence already, but are many miles away from their home. Engagement is much more likely if such practical barriers are not there.

UK, specialist services for both male and female survivors of sexual crime are over-stretched and funding is often scarce and short term. Enabling the survival and development of services that can provide specialist help and support for the complex issues that sexual and family abuse requires is a challenging yet vital societal need. Many sexual abuse survivors already within the agency system report a "revolving door" situation, being moved from service to service but never fully having their meets met (Scottish Executive, 2005). This will continue until service provision is well-funded, the correct service available to survivors at the earliest opportunity, both factors of which means more sexual abuse-specific services are required throughout the UK.

Better Data-Recording and Sharing

The Scottish Executive (2005) claimed that better recording of data throughout all services that deal with victims of crime is needed. Accurate data recording is vital for smooth transition for individuals who move through services - not just those voluntary specialist services, but also primary health services, mental health, and addiction services. Continually asking service users the same questions, whilst not recording their answers, or recording data for data-recordings sake, with no clear objective as to why data is being

collected is not efficient use of anyone's time. Also, accurate and efficient data recording enables researchers to investigate best practices. Better data recording may seem like an unimportant point considering the improvements needed for frontline treatments and the breaking down of societal barriers, but it is important for greater efficiency of time, funds, and future research.

Concluding Remarks

A flurry of research since the mid-1990s, particularly over the last decade has begun to explore the prevalence, scope and consequences of male sexual victimization, with new ideas for service delivery to help male survivors now considered crucial (Lowe & Balfour, 2015). This work, coupled with changes in UK legislation to equalize the legal status of male versus female rape, together and increased knowledge about how male survivors of sexual assault are viewed in wider society (see Davies & Rogers, 2006), makes the present review of the extant literature on male sexual assault a timely addition to the current knowledge-base.

In welfare and therapeutic service provision more could be done to ensure adequate training and implementation of appropriate support to male survivors, regardless of where in the UK they reside (Javaid, 2017a, b). Greater service user involvement in decision-making at agency and policy levels would be useful to increase the chances of best practice being initiated and forwarded effectively (Scottish Executive, 2005). .Equipping service providers with the necessary tools and funds to provide the specialist support that best serves male survivors should be a key objective of all sexual violence services in the UK. Drawing on information based on best practice for female survivors of sexual violence is not adequate to treat men, who oftentimes have different issues requiring

of support service expertize than do women (Javaid, 2017a, b). The impact of nearly a decade of austerity in the UK has resulted in lack of funding for third sector organizations means that staff training and availability is a continual concern.

Finally, greater awareness and breaking down of barriers and societal stereotypes that serve to further victimize survivors, keep them in silence and prevent them from coming forward to seek help, perhaps until they reach crisis-point and end up in an inappropriate mental health setting. Education within schools, universities, and within the general population is still badly needed in the UK and beyond. It is hoped the current discussion stimulates further interest in this important topic so that existing challenges can be overcome at a faster pace than presently occurring.

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